

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>10/049846</b>	<small>FILING DATE</small>	
							<small>APPLICANT(S)</small>		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.				
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TOTAL IND.	↓		↓		↓				
TOTAL DEP.	←		←		←				
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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FORM PTO-1360 (REV. 3-78)